



City of Atlanta

68 Mitchell Street, SW, Suite 3900
Atlanta, Georgia 30303-0309
(404) 330-6175 FAX (404) 658-6979

SHIRLEY CLARKE FRANKLIN
MAYOR

Steven R. Cover, AICP
Commissioner
Department of Planning and
Community Development

BUREAU OF BUILDINGS
Kiumars Siah, Ph.D., P.E.
Director

Zoning Enforcement Division

REQUEST FOR VERIFICATION OF ZONING CLASSIFICATION

I, _____ hereby request verification of zoning classification for the following location(s): **If you do not have an address of the location you are requesting to be verified, please attach a survey or plat plan.**

1. _____
2. _____
3. _____
4. _____
5. _____

Note: A request for Verification for Zoning Classification is normally completed within seven (7) to ten (10) business days; however, some requests will require longer research and may not be done within this time frame. Please provide the phone number you can be reached at: _____

Fax your request to: 404.331.8902
or mail to: Bureau of Buildings
c/o Zoning Enforcement
55 Trinity Ave., Suite 3900
Atlanta, GA 30303-0309
404-330-6175 Ext 5173

Please choose and complete one of the following options as your preferred means of contact: _____

Mailing Address: _____

Email Address: _____

Fax Number: _____

To be completed by Zoning Enforcement

Date Received: _____ Date Completed: _____